

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90439 004 ***150.00

DOCUMENT # P00000112073

1. Entity Name

MORTGAGE BANC CORP. OF CENTRAL FLORIDA

Principal Place of Business

**4065 N. LECANTO HWY.. #300
 BEVERLY HILLS FL 34465**

Mailing Address

**4065 N. LECANTO HWY.. #300
 BEVERLY HILLS FL 34465**

2. Principal Place of Business

2419 N. LECANTO HWY
 Suite, Apt. #, etc.

3. Mailing Address

2419 N. LECANTO HWY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LECANTO

City & State

LECANTO

4. FEI Number

65-1073977

Applied For

Not Applicable

Zip

Country

34461

CITRUS

Zip

34461

Country

CITRUS

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAJEUNESSE-HALL, MARIE
 2035 W DEERTRIAL LN
 LECANTO FL 34461**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HALL, KIM R	
STREET ADDRESS	2035 W DEERTRIAL LN	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HALL-LAJEUNESS, MARIE E	
STREET ADDRESS	2035 W DEERTRIAL LN	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	V	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, KEVIN	
STREET ADDRESS	2729 N. RESTON TERRACE	
CITY-ST-ZIP	HERNANDO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, KAREN	
STREET ADDRESS	2729 N. RESTON TERRACE	
CITY-ST-ZIP	HERNANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARIE LAJEUNESSE-HALL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02 (352)746-6652
 Date Daytime Phone #

CR2E034 (9/01)